

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 89/489328	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1					51			
2	1					52			
3	2					53			
4	0					54			
5	2					55			
6	1					56			
7	1					57			
8	1					58			
9	1					59			
10	1					60			
11	1					61			
12	1					62			
13	1					63			
14	1					64			
15	1					65			
16	1					66			
17	1					67			
18	1					68			
19	2					69			
20	2					70			
21	1					71			
22	1					72			
23	1					73			
24	1					74			
25	1					75			
26	1					76			
27						77			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	1								
TOTAL DEP.	29								
TOTAL CLAIMS	30								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									